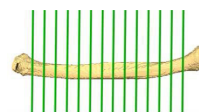


Email: CMFcustomizedimplants@stryker.com

Protocol for medical CT scanners

Patient positioning

Lower leg alignment	Remain straight in neutral position
Gantry tilt	0° Gantry Tilt



No oblique angle of locator/survey

Scan length / FOV

Scan length	Encompass the entire lower leg
Field of view	Select Field of View to include patient's anatomy of interest

Scanning process

Patient movement	Avoid patient motion. If the scan shows motion artifacts, the scan cannot be used.
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Acquisition

Slice thickness	Maximum = 5 mm (2.5mm preferred)
Beam collimation	Width and detector configuration necessary to achieve actual slice thickness
Table increment	Constant table increment, no gaps. Smaller than or equal to slice thickness.
Sequential scanners	No overlap and no gap
Single-slice helical scanners	Beam pitch = 1
Multi-slice helical scanners	Beam pitch < 1 (GE: High Quality; Toshiba: Detail)
Pixel type	Square
Matrix size	Minimum matrix size: 512*512
Algorithm (kernel)	Process images with both standard and bone algorithms
Slice orientation	Axial slice orientation

Warning: Do not post process to alter slice orientation or thickness

Key points

Series	CT: Original/Primary/Axial
Series ID	All images of a scan should be stored in one series.
File format	DICOM format. No raw data. Do not compress.
Data archiving	Archive only the relevant examination in uncompressed DICOM (CD-R preferred).
Data storage	Recommendation: Save raw data for at least 14 days after scan.

Guidance for pediatric scanning

Exposure to ionizing radiation is of particular concern in pediatric patients. Check if existing scans meets the requirements for Stryker implant design. To avoid rescanning of patients, follow the parameters given in the Stryker Scan Protocol and use reduced dose and child - sized protocols where appropriate. Stryker recommends consulting the instructions for use provided by your imaging device manufacturer, and limiting radiation dosage to the amount clinically necessary. Statutory national Diagnostic Reference Levels (DRLs) for pediatric as well as for adult CT examinations must be complied with. Limit the dose by reducing Tube Voltage (kV) and the Tube-Current-Time product (mAs), consider patient size and activate Tube Current Modulation and/or Automatic Exposure Control if applicable and indicated for pediatric patients.

Craniomaxillofacial

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